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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/784,967	02/25/2004	Jun-young Kim	249/449	8477	
7:	590 06/19/2006		EXAMINER		
Eugene M. Lee			SOWARD, IDA M		
LEE & STERBA, PC Suite 2000			ART UNIT	ART UNIT PAPER NUMBER	
1101 Wilson Boulevard			2822		
Arlington, VA 22209			DATE MAILED: 06/19/2006	DATE MAILED: 06/19/2006	

Please find below and/or attached an Office communication concerning this application or proceeding.

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	Application No.	Applicant(s)	
Intonvious Summany	10/784,967	KIM ET AL.	
Interview Summary	Examiner	Art Unit	
·	Ida M. Soward	2822	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Ida M. Soward</u> .	(3)		
(2) Maryam Ipakchi	(4)		:
Date of Interview: <u>13 June 2006</u> .			
Type: a)☐ Telephonic b)☐ Video Conference c)⊠ Personal [copy given to: 1)☐ applicant	2)⊠ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: All.	· ·		
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached.	g)☐ was not reached. h)☐ N	I/A. ,	
Substance of Interview including description of the general reached, or any other comments:	nature of what was agreed to	if an agreement	was
(A fuller description, if necessary, and a copy of the amendallowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	copy of the amendments that v		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERLE A STATEMENT OF THE SUBSTANCE OF THE INTERQUIREMENTS on reverse side or on attached sheet.	e last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, RVIEW See Summary of Re	been filed, APP Y DAYS FROM T WHICHEVER IS cord of Interview	LICANT IS THIS LATER, TO
The proposed amendments overcome the Kosaka (5,3	to claims I 866273) refere	and di	)
	n()	A An	

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required

PRIMARY EXAMINER